

(3)

Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

| | | |
|-------------------------------------|---|--|
| PLAINTIFF HARRIET MENEZES | FILED DISTRICT COURT DISTRICT OF MASS 1275 K STREET NW, WASHINGTON DC 20005-4090 | COURT CASE NUMBER 04-10366 JLT |
| DEFENDANT SHIRLEY BARBER | | TYPE OF PROCESS |

| | |
|--------------------------------|--|
| SERVE ➡ AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SHIRLEY BARBER |
| | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1275 K STREET NW, WASHINGTON DC 20005-4090 |

| | | |
|--|---|--|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: HARRIET MENEZES 169 THOREAU ST, 8 CONCORD MA 01742 | Number of process to be served with this Form - 285 | |
| | Number of parties to be served in this case | |
| | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

SHIRLEY BARBER IS SECRETARY/TREASURER OF
ASSOCIATION OF FLIGHT ATTENDANTS
(202) 712-9799

| | | | |
|--|---|---|------------------------|
| Signature of Attorney or other Originator requesting service on behalf of: Harriet Menezes | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER (978) 869-4693 | DATE 7-26-04 |
|--|---|---|------------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------------------|-------------------------------------|------------------------------------|--|------------------------|
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process 1 | District of Origin No. 38 | District to Serve No. 16 | Signature of Authorized USMS Deputy or Clerk Harriet Menezes | Date 7/26/04 |
|---|---------------------------|-------------------------------------|------------------------------------|--|------------------------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

| | |
|--|---|
| Name and title of individual served (if not shown above) Ed Gelman, Attorney General Counsel | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. |
| Address (complete only if different than shown above) 501 3rd Street 9th Flr | Date of Service 8/9/04 |
| | Time 2:25 pm |
| | Signature of U.S. Marshal or Deputy M. Sakado |

| | | | | | | |
|----------------------------|---|----------------|---------------|------------------|--------------------------------|------------------|
| Service Fee \$45 | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|----------------------------|---|----------------|---------------|------------------|--------------------------------|------------------|

REMARKS:
7/28/04 Paid D/WA